Fill in this information to identify your	case:
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS	
Case number (if known):	Chapter you are filing under:  ✓ Chapter 7  Chapter 11  Chapter 12  Chapter 13

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

# Part 1: Identify Yourself

	identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	Deanna First Name	- First Name
	identification (for example,		
	your driver's license or passport).	Lynne Middle Name	Middle Name
		Smarr	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security	xxx - xx - 6 2 7 0	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx -	9xx - xx -

(ITIN)

Debtor 1 Deanna Lynne Smar		arr (	Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer	✓ I have not used any business names or EIN:	s.   I have not used any business names or EINs.			
	Identification Numbers (EIN) you have used in the last 8 years	Business name	Business name			
	Include trade names and	Business name	Business name			
	doing business as names	Business name	Business name			
		EIN	EIN			
5.	Where you live	EIN	EIN  If Debtor 2 lives at a different address:			
		13010 Ridgeline Blvd, Apt 5305				
		Number Street	Number Street			
		Cedar Park TX 78613				
		City State ZIP Code	City State ZIP Code			
		Williamson				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.			
		Number Street	Number Street			
		P.O. Box	P.O. Box			
		City State ZIP Code	City State ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)			
Ŀ	Part 2: Tell the Court A	bout Your Bankruptcy Case				
7.	The chapter of the Bankruptcy Code you	Check one: (For a brief description of each, see No for Bankruptcy (Form 2010)). Also, go to the top of	otice Required by 11 U.S.C. § 342(b) for Individuals Filing page 1 and check the appropriate box.			
	are choosing to file under	✓ Chapter 7				
		Chapter 11				
		Chapter 12				
		Chapter 13				

Deb	otor 1 Deanna Lynne Sm	arr	Case number (if known)					
8.	How you will pay the fee	co pa	I will pay the entire fee when I file my petition. Please check with the clerk's office is court for more details about how you may pay. Typically, if you are paying the fee your pay with cash, cashier's check, or money order. If your attorney is submitting your pays behalf, your attorney may pay with a credit card or check with a pre-printed address.					
			eed to pay the fee in installments. dividuals to Pay The Filing Fee in Ins					
		By tha	equest that my fee be waived (You law, a judge may, but is not required an 150% of the official poverty line the in installments). If you choose this ing Fee Waived (Official Form 103B)	d to, waive your fee, and n lat applies to your family s option, you must fill out th	nay do so only if your income is less ize and you are unable to pay the ne Application to Have the Chapter 7			
9.	Have you filed for	<b>☑</b> No	ı					
	bankruptcy within the last 8 years?	☐ Ye	S.					
		District		When	Case number			
		District		MM / DD /				
		District		when MM / DD /	Case number			
		District		When	Case number			
10.	Are any bankruptcy	<b>☑</b> No	ı	, 22 /				
	cases pending or being filed by a spouse who is	☐ Ye	S.					
	not filing this case with	— Debtor		Rela	ationship to you			
	you, or by a business partner, or by an	District			Case number,			
	affiliate?				YYYY if known			
		Debtor		Rela	ationship to you			
		District			Case number,			
				MM / DD /	YYYY if known			
11.	Do you rent your	☐ No	o. Go to line 12.					
	residence?	<b>☑</b> Ye	s. Has your landlord obtained an e	viction judgment against y	/ou?			
			No. Go to line 12.					
			Yes. Fill out Initial Stateme and file it as part of this bar		gment Against You (Form 101A)			

Deb	tor 1	Deanna Lynne Sma	rr				Case number	(if known) _		
Pa	art 3:	Report About Ar	ıy Bı	usine	sses You Own as a	a Sole P	roprietor			
12.		u a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of b	usiness				
	busines individu separat	oroprietorship is a s you operate as an al, and is not a e legal entity such as ration, partnership, or			Name of business, if any  Number Street					
	sole pro	ave more than one prietorship, use a e sheet and attach it etition.			Single Asset Rea Stockbroker (as c	ness (as d I Estate (a lefined in er (as defii	scribe your business lefined in 11 U.S.C. § is defined in 11 U.S.0 11 U.S.C. § 101(53A ned in 11 U.S.C. § 10	§ 101(27A)) C. § 101(51E ))	ZIP Cod	e
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)? For a definition of small business debtor, see			osing t a sma st recei	filing under Chapter 11, to proceed under Subchall business debtor or yount balance sheet, statem if these documents do not I am not filing under Chapter the Bankruptcy Code.	apter V so are choonent of open of exist, fo hapter 11.	that it can set approsing to proceed under the crations, cash-flow steed the procedure in	priate deadler Subchapte er Subchapte atement, and 111 U.S.C. §	ines. If you er V, you mus d federal inc s 1116(1)(B).	indicate that you st attach your ome tax return
		C. § 101(51D).			I am filing under Chap Bankruptcy Code, and I am filing under Chap Bankruptcy Code, and	I do not c ter 11, I ar	hoose to proceed un m a debtor according	der Subchap	oter V of Cha	pter 11. 2(1) of the
Pa	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous F		·	·	·	
14.	propert alleged immine	own or have any y that poses or is to pose a threat of nt and identifiable to public health or		No Yes.	What is the hazard?					
	any pro	Or do you own perty that needs attention?			If immediate attention	is needed	, why is it needed?			
	perisha livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number	Street			
						City			State	ZIP Code

Debtor 1 Deanna Lynne Smarr Case number (if known)

### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. You must check one:

About Debtor 1:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1		Deanna Lynne Sma	ırr		Case number (if known)					
P	art 6:	Answer These C	uesti	ons for Reporting Pu	urpos	ses				
16.	What kind have?	What kind of debts do you have?		•	dual pr	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."		
			16b.	•	invest	iness debts? Business deb ment or through the operation		e debts that you incurred to obtain e business or investment.		
			16c.	State the type of debts y	ou ow	e that are not consumer or bu	sines	s debts.		
17.	Are you filing under Chapter 7?			No. I am not filing unde	r Chap	oter 7. Go to line 18.				
	any exc exclude admini- are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?		ŭ	•	•	•	xempt property is excluded and to distribute to unsecured creditors?		
18.		any creditors do timate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000		
19.		uch do you te your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.		uch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		

Debtor 1	Deanna Lynne Smar	Case number (if known)
Part 7:	Sign Below	
or you		I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		X /s/ Deanna Lynne Smarr Deanna Lynne Smarr, Debtor 1  X Signature of Debtor 2
		Executed on 07/16/2021 Executed on

MM / DD / YYYY

MM / DD / YYYY

Debtor 1	Deanna Lynne Sn	narr	Case r	number (if know	n)	
represente	not represented by y, you do not need	eligibility to proceed under Chapter 7, 11, 12, or 1 relief available under each chapter for which the pasented by the debtor(s) the notice required by 11 U.S.C. § 3-4		petition, declare that I have informed the debtor(s) about or 13 of title 11, United States Code, and have explained the person is eligible. I also certify that I have delivered to § 342(b) and, in a case in which § 707(b)(4)(D) applies, y that the information in the schedules filed with the petition		
		X /s/ Douglas J. Powell Signature of Attorney for		Date	07/16/2021 MM / DD / YYYY	
		Douglas J. Powell Printed name The Law Offices of D Firm Name 820 West 10th Street Number Street	ouglas J. Powell, P.C.			
		Austin City		TX State	<b>78701</b> ZIP Code	
		Contact phone (512) 4	<b>76-2457</b> Email	address <b>dpow</b> e	ell@dougpowelllaw.com	
		<b>16194900</b> Bar number		TX State	_	

Fill in this info	rmation to i	dontify your	case and th	sic filing:		
		_	_	_		
_	Deanna First Name	<b>Lynne</b> Middle Nar		narr t Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Nar	ne Las	t Name		
		r tha: WESTE	DN DISTDICT	OE TEYAS		
United States Bank	trupicy Court to	r the: <b>VVESTE</b>	KIN DISTRICT	OF TEXAS		
Case number (if known)					_	if this is an ed filing
Official Form	106 A /P					
Schedule A/E		v				12/15
the asset in the cate filing together, both sheet to this form.	egory where you are equally re On the top of a	ou think it fits lesponsible for a	best. Be as cor supplying corre pages, write yo	mplete and accurate as ect information. If more our name and case numl	set fits in more than one cat possible. If two married pe space is needed, attach a s per (if known). Answer ever state You Own or Have	ople are separate ry question.
No. Go to			nterest in any I	residence, building, land	l, or similar property?	
	-	-	-	entries from Part 1, incl number here	_	\$0.00
Davido Davi	:	/ala!alaa				
Part 2: Desc	cribe Your V	enicies				
-	_	•	-		e registered or not? Include cutory Contracts and Unexpir	•
3. Cars, vans, tru	cks, tractors, s	sport utility vel	nicles, motorcy	cles		
□ No ☑ Yes						
3.1. Make:	Nissan		no has an interdeck one.	est in the property?	Do not deduct secured clair amount of any secured clair	ms on <i>Schedule D:</i>
Model:	Rogue	<u> </u>			Creditors Who Have Claims	
Year:	2018		Debtor 2 only Debtor 1 and I	Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate mileage	e: <b>15,000</b>			f the debtors and another	\$15,000.00	\$15,000.00
Other information: 2018 Nissan Rogi miles)	ue (approx. 1	5,000	Check if this (see instructio	is community property		
3.2. Make:	Kia		no has an interesect one.	est in the property?	Do not deduct secured clair amount of any secured clair	
Model:	Rio	<b></b>	Debtor 1 only		Creditors Who Have Claims	Secured by Property.
Year:	2014		Debtor 2 only	Dobton O carlo	Current value of the entire property?	Current value of the portion you own?
Approximate mileage	e: <b>158,000</b>		Debtor 1 and I At least one of	Debtor 2 only f the debtors and another	\$6,000.00	\$6,000.00
Other information:		— L		and dobtoro and another	φυ,υυυ.υυ	φυ,υυυ.υυ
2014 Kia Rio (app	rox. 158,000	miles) 🗆	Check if this (see instructio	is community property		

Deb	tor 1	Deanna Lyn	ne Smarr	Case number (if known)	
4.		es: Boats, trail	notor homes, ATVs and other recreational vehicles, other lers, motors, personal watercraft, fishing vessels, snowmobile		
5.			of the portion you own for all of your entries from Part 2, I have attached for Part 2. Write that number here		\$21,000.00
P	art 3:	Describe	Your Personal and Household Items	•	
Do	you own	or have any lo	egal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		nold goods and les: Major appli	d furnishings iances, furniture, linens, china, kitchenware		
	_	s. Describe	See continuation page(s).		\$940.00
7.	Electro Example	es: Televisions	s and radios; audio, video, stereo, and digital equipment; con ections; electronic devices including cell phones, cameras, m	•	
		s. Describe	See continuation page(s).		\$200.00
8.	Exampl	•	nd figurines; paintings, prints, or other artwork; books, picturen, or baseball card collections; other collections, memorabilia	•	
	_	s. Describe	Miscellaneous pictures and knick knacks		\$150.00
9.			s and hobbies otographic, exercise, and other hobby equipment; bicycles, p d kayaks; carpentry tools; musical instruments	ool tables, golf clubs, skis;	
	✓ No ☐ Yes	s. Describe			
10.	✓ No	es: Pistols, rifle	es, shotguns, ammunition, and related equipment		
	☐ Yes	s. Describe			
11.			clothes, furs, leather coats, designer wear, shoes, accessorie	es	
		s. Describe	Miscellaneous ladies clothing, shoes and accesso	ries	\$150.00
12.	— Na		ewelry, costume jewelry, engagement rings, wedding rings, h	eirloom jewelry, watches, gems,	
	☐ No ✓ Yes	s. Describe	See continuation page(s).		\$180.00

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Deb	tor 1	Deanna Lynne Si	marr			Case number (if known)	
13.	Example	m animals es: Dogs, cats, birds	s, horses				
	✓ No ☐ Yes	. Describe					
14.	did not	-	usehold it	ems you did not alrea	dy list, including a	any health aids you	
		. Give specific rmation					
15.				ries from Part 3, inclur here		or pages you have	\$1,620.00
Pa	art 4:	Describe Your	r Financi	al Assets			
Do y	ou own	or have any legal o	or equitable	interest in any of the	e following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.		es: Money you have petition	in your wa	llet, in your home, in a s	safe deposit box, a	nd on hand when you file your	
	□ No					Cash:	\$0.00
17.	Deposit	es of money es: Checking, saving	gs, or other	financial accounts; cer	rtificates of deposit;	; shares in credit unions, accounts with the same	
	□ No ☑ Yes		I	nstitution name:			
	17.	1. Checking acco	unt: <u>(</u>	Chase Bank Checki	ng		\$7.29
	17.	2. Savings accou	nt:	Savings account Ch	nase		\$0.17
18.	Example	mutual funds, or pues: Bond funds, inve		led stocks counts with brokerage fi	irms, money marke	t accounts	
	✓ No ☐ Yes		Institution	or issuer name:			
19.		blicly traded stock est in an LLC, partr			nd unincorporated	businesses, including	
	info	. Give specific rmation about n	Name of e	ntity:		% of ownershi	p:

Deb	tor 1 Deanna Lynne Sm	narr	C	ase number (if known)		
20.	Government and corporate Negotiable instruments includ Non-negotiable instruments a					
	✓ No  Yes. Give specific information about them	ssuer name:				
21.	Retirement or pension acco Examples: Interests in IRA, E profit-sharing plan	ERISA, Keogh, 401	(k), 403(b), thrift savings accounts, o	r other pension or		
	No  ✓ Yes. List each account separately. Ty	pe of account:	Institution name:			
	Pe	ension plan:	Pension plan TRS			\$37,767.64
22.	Examples: Agreements with companies, or others	osits you have mad	de so that you may continue service crent, public utilities (electric, gas, water	, ,	s	
	☑ No ☐ Yes	ı	nstitution name or individual:			
23.	_		yment of money to you, either for life	or for a number of yea	rs)	
	Yes	ssuer name and de	escription:			
24.	Interests in an education IR 26 U.S.C. §§ 530(b)(1), 529A		n a qualified ABLE program, or und	der a qualified state tu	uition pro	gram.
	✓ No ☐ Yes	nstitution name an	d description. Separately file the reco	ords of any interests. 1	1 U.S.C.	§ 521(c)
25.	Trusts, equitable or future in powers exercisable for your		rty (other than anything listed in line	e 1), and rights or		
	☑ No					
	Yes. Give specific information about them					
26.			ts, and other intellectual property; roceeds from royalties and licensing a	agreements		
	✓ No  Yes. Give specific information about them					
27.	Licenses, franchises, and o	•	ngibles , cooperative association holdings, liq	uor licenses, professio	onal licens	ses
	✓ No  Yes. Give specific			· · ·		
	information about them					
Mor	ney or property owed to you?	?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you					
	<b>☑</b> No					
	Yes. Give specific inform about them, including who				Federal:	
	you already filed the return	rns			State:	
and the tax years Local:						

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Deb	tor 1	Deanna Lynne Smarr		Case number (if known)	
29.	Exar		ny, spousal support, child support, m	aintenance, divorce settlement, propert	y settlement
		No Yes. Give specific information		Alimony:	
	[	·		Maintenance:	
				Support:	
				Divorce settlement	<del></del>
				Property settlemen	t:
30.	Exar	er amounts someone owes you  mples: Unpaid wages, disability insu compensation, Social Securit  No  Yes. Give specific information	rance payments, disability benefits, ty benefits; unpaid loans you made t		]
31.	Exar	No Yes. Name the insurance company of each policy	ance; health savings account (HSA)	; credit, homeowner's, or renter's insura Beneficiary: St	unce urrender or refund value:
		Term	Life through Employer		
		Death	Benefit: \$10,000.00	Debtor's Children	\$0.00
32.	If you entitl	interest in property that is due you are the beneficiary of a living trust, led to receive property because som	expect proceeds from a life insuran	ce policy, or are currently	1
	Ц	res. Give specific information			
33.	Exar	ms against third parties, whether omples: Accidents, employment dispundents.  No Yes. Describe each claim			]
34.		er contingent and unliquidated clai ts to set off claims	ims of every nature, including cou	nterclaims of the debtor and	1
	ب	No Yes. Describe each claim			
35.	Any	financial assets you did not alread	dy list		
	بخا	No Yes. Give specific information			]
36.		the dollar value of all of your entri			\$37,775.10
	a.iut				

Debt	or 1	Deanna Lynne Smarr	Case number (if known	)
Pa	rt 5:	Describe Any Business-Related Property You Own	or Have an Interest In. L	ist any real estate in Part 1.
37.	Do you	ı own or have any legal or equitable interest in any business-re	elated property?	
		s. Go to Part 6.		
				Current value of the portion you own?  Do not deduct secured claims or exemptions.
38.	Accou	nts receivable or commissions you already earned		·
	✓ No ☐ Yes	s. Describe		
		equipment, furnishings, and supplies  lles: Business-related computers, software, modems, printers, copdesks, chairs, electronic devices	ers, fax machines, rugs, telephor	es,
	✓ No ☐ Yes	s. Describe		
40.	Machir	nery, fixtures, equipment, supplies you use in business, and to	ols of your trade	
	✓ No ☐ Yes	s. Describe		
41.	Invento	ory		
	✓ No ☐ Yes	s. Describe		
42.	Interes	ets in partnerships or joint ventures		
	☑ No	s. Describe Name of entity:	% of own	ership:
43.	Custon	mer lists, mailing lists, or other compilations		
	✓ No ☐ Yes	s. Do your lists include personally identifiable information (as  No Yes. Describe	defined in 11 U.S.C. § 101(41A))	?
44.	Any bu	usiness-related property you did not already list		
	✓ No	s. Give specific information.		
		e dollar value of all of your entries from Part 5, including any e ed for Part 5. Write that number here		→ \$0.00
Pa		Describe Any Farm- and Commercial Fishing-Relating own or have an interest in farmland, list it in Part		Have an Interest In.
46.	Do you	ມ own or have any legal or equitable interest in any farm- or co	mmercial fishing-related proper	
	√ No.	s. Go to Part 7.		

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Deb	otor 1 Deanna Lynne Smarr Case number (if	known)
47.	Farm animals  Examples: Livestock, poultry, farm-raised fish	Current value of the portion you own?  Do not deduct secured claims or exemptions.
	✓ No ☐ Yes	
48.	Cropseither growing or harvested	
	✓ No  Yes. Give specific information	
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	✓ No ☐ Yes	
50.	Farm and fishing supplies, chemicals, and feed	
	✓ No ☐ Yes	
51.	Any farm- and commercial fishing-related property you did not already list	
	✓ No ☐ Yes. Give specific information	
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	
Pa	art 7: Describe All Property You Own or Have an Interest in That You Did Not	List Above
53.	Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership	
	<ul><li>✓ No</li><li>✓ Yes. Give specific information.</li></ul>	
54.	Add the dollar value of all of your entries from Part 7. Write that number here	<b>→</b> \$0.00

Debtor 1 Deanna Lynne Smarr Case number (if known) List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2..... \$0.00 56. Part 2: Total vehicles, line 5 \$21,000.00 \$1,620.00 57. Part 3: Total personal and household items, line 15 \$37,775.10 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Copy personal \$60,395.10 62. Total personal property. Add lines 56 through 61..... \$60,395.10 property total 63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$60,395.10

Deb	otor 1	Deanna Lynne Smarr	Case number (if known)	
<b>3</b> .	House	shold goods and furnishings (details):		
	Sofa	<u> </u>	_	\$50.00
	End t	ables (2)	_	\$50.00
	Coffe	e table	_	\$20.00
	Enter	tainment center	_	\$150.00
	Lamp	s (2)	_	\$10.00
	Pots	and pans	_	\$50.00
	Small	appliances	_	\$50.00
	Dishe	s and glassware	_	\$40.00
	Dress	ser	_	\$50.00
	Night	stands (2)	_	\$100.00
	Lamp	s (2)	_	\$20.00
	Bed		_	\$50.00
	Vacci	uum	_	\$300.00
7.	Electr	onics (details):		
	2 TV's	S	_	\$100.00
	Reco	rd Player	_	\$100.00
12.	Jewel	ry (details):		
	Gold	Earrings, bracelet	_	\$150.00
	Ladie	s miscellaneous costume jewelry	_	\$30.00

Fill in this inf	ormation to id	dentify your	case:				
Debtor 1	Deanna	Lynne	Smarr				
	First Name	Middle Name	e Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	e Last Name				
		the: WESTER	N DISTRICT OF TE	XAS	3	☐ Check if this is an	
Case number (if known)						amended filing	
Official Form	106C						
Schedule C:	The Prope	rty You Cl	aim as Exemp	t			04/19
Using the property space is needed, fi write your name an	you listed on Sch Il out and attach t d case number (if	nedule A/B: Prop to this page as m known).	perty (Official Form 106 nany copies of Part 2	6A/B) 2: Ad	as your source, list ditional Page as ne	y responsible for supplying correct inf the property that you claim as exemp ecessary. On the top of any additiona	t. If more
is to state a speci exempted up to th receive certain be exemption of 100	fic dollar amound the amount of any thefits, and tax-ex of fair market w	as exempt. Al applicable stat kempt retirementalue under a la	Iternatively, you may tutory limit. Some ex nt funds–may be unl aw that limits the exe	claii emp imite mpti	n the full fair mark tionssuch as tho d in dollar amount on to a particular d	on you claim. One way of doing so et value of the property being se for health aids, rights to  However, if you claim an close amount and the value of the able statutory amount.	
Part 1: Ide	ntify the Prop	erty You Cla	aim as Exempt				
1. Which set of	exemptions are	you claiming?	Check one only,	even	if your spouse is fili	ng with you.	
	•		kruptcy exemptions. J.S.C. § 522(b)(2)	11 U	S.C. § 522(b)(3)		
2. For any prop	erty you list on S	Schedule A/B th	nat you claim as exer	npt, 1	ill in the information	on below.	
Brief description of Schedule A/B that			Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemp	otion
			Copy the value from Schedule A/B		eck only one box for h exemption		
Brief description:	aus (approx. 16	5 000 miles)	\$15,000.00		\$0.00	11 U.S.C. § 522(d)(2)	
<b>2018 Nissan Ro</b> g Line from <i>Schedul</i> e		o,ooo miles)			100% of fair marker value, up to any applicable statutor limit		
Brief description:			\$50.00	$\overline{\mathbf{V}}$	\$50.00	11 U.S.C. § 522(d)(3)	
Sofa Line from Schedule	e A/B: <b>6</b>				100% of fair marker value, up to any applicable statutor limit		
(Subject to ad	justment on 4/01/	22 and every 3 y	more than \$170,350? years after that for cas	es fi	ed on or after the da	, ,	

Debtor 1 **Deanna Lynne Smarr** Case number (if known) Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$50.00 \$50.00 11 U.S.C. § 522(d)(3)  $\overline{\mathbf{Q}}$ End tables (2) 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$20.00 11 U.S.C. § 522(d)(3) \$20.00  $\checkmark$ Coffee table 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$150.00 \$150.00 11 U.S.C. § 522(d)(3)  $\sqrt{\phantom{a}}$ **Entertainment center** 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$10.00 \$10.00 11 U.S.C. § 522(d)(3)  $\overline{\mathbf{Q}}$ Lamps (2) 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$50.00 \$50.00 11 U.S.C. § 522(d)(3)  $\overline{\mathbf{A}}$ Pots and pans 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit 11 U.S.C. § 522(d)(3) Brief description: \$50.00  $\overline{\mathbf{V}}$ \$50.00 **Small appliances** 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$40.00 \$40.00 11 U.S.C. § 522(d)(3) ablaDishes and glassware 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$50.00 \$50.00 11 U.S.C. § 522(d)(3) ablaDresser 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$100.00 11 U.S.C. § 522(d)(3) \$100.00  $\overline{\mathbf{V}}$ Night stands (2) 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit

Debtor 1 **Deanna Lynne Smarr** Case number (if known) Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$20.00 \$20.00 11 U.S.C. § 522(d)(3)  $\overline{\mathbf{Q}}$ Lamps (2) 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: 11 U.S.C. § 522(d)(3) \$50.00 \$50.00  $\mathbf{V}$ Bed 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$300.00 \$300.00 11 U.S.C. § 522(d)(3)  $\sqrt{\phantom{a}}$ Vaccuum 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$100.00 \$100.00 11 U.S.C. § 522(d)(3)  $\overline{\mathbf{Q}}$ 2 TV's 100% of fair market value, up to any Line from Schedule A/B: 7 applicable statutory limit Brief description: \$100.00 \$100.00 11 U.S.C. § 522(d)(3)  $\overline{\mathbf{A}}$ **Record Player** 100% of fair market value, up to any Line from Schedule A/B: 7 applicable statutory limit 11 U.S.C. § 522(d)(3) Brief description: \$150.00  $\overline{\mathbf{V}}$ \$150.00 Miscellaneous pictures and knick knacks 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$150.00 \$150.00 11 U.S.C. § 522(d)(3)  $oldsymbol{
abla}$ Miscellaneous ladies clothing, shoes and 100% of fair market accessories value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$150.00 \$150.00 11 U.S.C. § 522(d)(4) ablaGold Earrings, bracelet 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$30.00 11 U.S.C. § 522(d)(4) \$30.00  $\mathbf{V}$ Ladies miscellaneous costume jewelry 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit

Debtor 1 **Deanna Lynne Smarr** Case number (if known) Part 2: **Additional Page** Amount of the Brief description of the property and line on Current value of Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$0.00 \$0.00 11 U.S.C. § 522(d)(5)  $\overline{\mathbf{Q}}$ Cash on Hand 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$7.29 \$7.29 11 U.S.C. § 522(d)(5)  $\mathbf{V}$ **Chase Bank Checking** 100% of fair market value, up to any Line from Schedule A/B: 17.1 applicable statutory limit Brief description: \$0.17 \$0.17 11 U.S.C. § 522(d)(5)  $\overline{\mathbf{Q}}$ **Savings account Chase** 100% of fair market value, up to any Line from Schedule A/B: 17.2 applicable statutory limit Brief description: \$37,767.64 \$37,767.64 11 U.S.C. § 522(n)  $\overline{\mathbf{Q}}$ Pension plan TRS 100% of fair market value, up to any Line from Schedule A/B: 21 applicable statutory limit Brief description: \$0.00 \$0.00 11 U.S.C. § 522(d)(7) ablaTerm Life through Employer 100% of fair market value, up to any Death Benefit: \$10,000.00 applicable statutory limit Line from Schedule A/B: 31

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Deanna Lynne Smarr CASE NO

CHAPTER 7

Scheme Selected: Federal

# SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

#### **Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$21,000.00	\$30,080.76	\$0.00	\$0.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$940.00	\$0.00	\$940.00	\$940.00	\$0.00
7.	Electronics	\$200.00	\$0.00	\$200.00	\$200.00	\$0.00
8.	Collectibles of value	\$150.00	\$0.00	\$150.00	\$150.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$150.00	\$0.00	\$150.00	\$150.00	\$0.00
12.	Jewelry	\$180.00	\$0.00	\$180.00	\$180.00	\$0.00
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Unlisted pers. and household itemsincl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$7.46	\$0.00	\$7.46	\$7.46	\$0.00
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$37,767.64	\$0.00	\$37,767.64	\$37,767.64	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Deanna Lynne Smarr CASE NO

CHAPTER 7

Scheme Selected: Federal

## SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

**Exemption Totals by Category:** 

TOTALS:

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Cropseither growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\$60,395.10

\$30,080.76

\$39,395.10

\$39,395.10

\$0.00

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Deanna Lynne Smarr CASE NO

CHAPTER 7

### SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

#### **Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

**Property Description Market Value** Lien **Equity Real Property** (None) **Personal Property** (None) \$0.00 \$0.00 \$0.00 TOTALS: Non-Exempt Property by Item: The following property, or a portion thereof, is non-exempt. **Market Value** Lien **Equity Property Description** Non-Exempt Amount **Real Property** (None) **Personal Property** (None)

TOTALS: \$0.00 \$0.00 \$0.00 \$0.00

Summary					
A. Gross Property Value (not including surrendered property)	\$60,395.10				
B. Gross Property Value of Surrendered Property	\$0.00				
C. Total Gross Property Value (A+B)	\$60,395.10				
D. Gross Amount of Encumbrances (not including surrendered property)	\$30,080.76				
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00				
F. Total Gross Encumbrances (D+E)	\$30,080.76				
G. Total Equity (not including surrendered property) / (A-D)	\$39,395.10				
H. Total Equity in surrendered items (B-E)	\$0.00				
I. Total Equity (C-F)	\$39,395.10				
J. Total Exemptions Claimed (Wild Card Used: \$7.46, Available: \$13,892.54)	\$39,395.10				
K. Total Non-Exempt Property Remaining (G-J)	\$0.00				

Fill in this info	ormation to ident	tify your case:				
Debtor 1	Deanna	Lynne	Smarr			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	kruptcy Court for the:	WESTERN DIST	TRICT OF TEXAS			
Case number					☐ Check if this is	
(if known)					amended filing	
Official Form	106D					
		o Have Clai	ms Secured by	Property		12/15
correct information On the top of any a  1. Do any credit  No. Chec Yes. Fill	n. If more space is n additional pages, wri ors have claims secu	needed, copy the A ite your name and ured by your prope t this form to the co n below.	Additional Page, fill it of case number (if known erty?	out, number the entri n).	ly responsible for sup es, and attach it to this ning else to report on thi	s form.
claim, list the co	ed claims. If a creditor separately for particular claim, list the ble, list the claims in a e.	each claim. If mor	e than one Part 2. As	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the p	• •	\$18,930.76	\$15,000.00	\$3,930.76
Ally Financial			Rogue (approx.			
Creditor's name PO Box 380901		15,000 miles				
Number Street  Bloomington City	MN 55438-090° State ZIP Code	Contingent		Check all that apply.		
Who owes the deb	t? Check one.		Check all that apply.			
Debtor 2 only			nent you made (such as en (such as tax lien, m		car loan)	
Debtor 1 and D  At least one of	ebtor 2 only the debtors and anoth	Judgment	lien from a lawsuit	•		
Check if this c	laim relates	Lien on t	uding a right to offset) itle			
Date debt was inco	urred <u>3/2021</u>	Last 4 digits o	of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$18,930.76

Debtor 1 Deanna Lynne Smarr	Deanna Lynne Smarr		Case number (if known)			
Part 1: Additional Page After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.2  OneMain Financial Creditor's name PO Box 64  Number Street  Evansville IN 47701 City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Describe the property that secures the claim:  2014 Kia Rio (approx. 158,000 miles)  As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit  Other (including a right to offset)	mortgage or secured	\$6,000.00 car loan)	\$5,150.00		
Check if this claim relates to a community debt	Lien on title					
Date debt was incurred 10/2020	Last 4 digits of account number					

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$11,150.00 \$30,080.76

				1		
Fill in this inf	ormation to i	dentify your ca	ase:			
Debtor 1	Deanna	Lynne	Smarr			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court fo	r the: WESTERN	DISTRICT OF TEXAS			
Case number				_	_	
(if known)	-				Check if this	
					amended filin	<sub>'</sub> g
Official Form	106E/F					
			. Umaaaaaaa Olaimaa			40/4/
scheaule E/	F: Creditor	's wno Have	Unsecured Claims			12/1
o not include an more space is n	y creditors with needed, copy the	partially secured Part you need, fi	and on Schedule G: Executory Co. claims that are listed in Schedule Il it out, number the entries in the rite your name and case number (	D: Creditors Who I boxes on the left.	Hold Claims Sec	cured by Property.
Part 1: Lis	t All of Your	PRIORITY Uns	ecured Claims			
. Do any credi	tors have priority	y unsecured clain	ns against you?			
₩ No. Go	to Part 2.					
Yes.						
show both price more space is claim, list the	ority and nonprior s needed for prior other creditors in	ity amounts. As mity unsecured clain Part 3.	claim it is. If a claim has both prior such as possible, list the claims in all ns, fill out the Continuation Page of	phabetical order acc Part 1. If more than	ording to the cree	ditor's name. If
(For an explai	nation of each typ	e of claim, see the	instructions for this form in the inst	Total claim	Priority	Nonpriority
				Total Claim	amount	amount
2.1						
			Last 4 digits of account number			
riority Creditor's Nam	ne		•		-	
umber Street			When was the debt incurred?		_	
			As of the date you file, the claim	is: Check all that an	nlv	
			Contingent	io. Oncon an inal ap	γ,	
			Unliquidated			
ity	State	ZIP Code	Disputed			
who incurred the			Type of PRIORITY unsecured ela	im.		
Debtor 1 only	GODE: OHEOR	ono.	Type of PRIORITY unsecured cla			
Debtor 2 only			Domestic support obligations Taxes and certain other debts	you owe the govern	ment	
Debtor 1 and D	Debtor 2 only		Claims for death or personal in			
At least one of	the debtors and	another	intoxicated	, , , , , , , , , , , , , , , , , , , ,		
Check if this o	claim is for a cor	nmunity debt	Other. Specify			
s the claim subje	ct to offset?					
⊒ No						
☐ Yes						

Debtor 1	Deanna Lynne Smarr	Case number (if known)	
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims	
☐ No ☑ Ye  4. List all If a cree type of	of your nonpriority unsecured claims ditor has more than one nonpriority unse- claim it is. Do not list claims already incl	claims against you?  Submit this form to the court with your other schedules.  in the alphabetical order of the creditor who holds each claim.  cured claim, list the creditor separately for each claim. For each claim listed luded in Part 1. If more than one creditor holds a particular claim, list the othursecured claims, fill out the Continuation Page of Part 2.	er creditors in
4.1		Last 4 digits of account number	**Total claim
		When was the debt incurred? 2020  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	
Debtor 1 Debtor 2 Debtor 1 Debtor 1 At least Check in	State ZIP Code ed the debt? Check one. I only	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Purchase Money	
Ascension Nonpriority Cre PO Box 42 Number  Phoenix City Who incurre Debtor 1 Debtor 1 At least Check it	AZ 85080-2008  State ZIP Code  ed the debt? Check one.	Last 4 digits of account number 4 4 9  When was the debt incurred? 2020  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical Services	\$4,447.99
✓ No ☐ Yes	-		

Debtor 1 Deanna Lynne Smarr	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$985.79
Aspire	Last 4 digits of account number 4 5 7 4	
Nonpriority Creditor's Name	When was the debt incurred? 2020	
PO Box 105555 Number Street	As of the date you file, the claim is: Check all that apply.	
Atlanta, GA 30348-5555	_ ☐ Contingent	
Attn: Bankruptcy Dept	☐ Unliquidated ☐ ☐ Disputed	
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No Yes		
4.4		\$538.00
Austin Regional Clinic Nonpriority Creditor's Name	_ Last 4 digits of account number 8 1 9 7	
PO Box 26726	When was the debt incurred? 2020	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Austin TX 78755-0726	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Medical Services	
Is the claim subject to offset?		
☑ No		
Yes		
4.5		\$374.94
Bank of Missouri / Milestone	Last 4 digits of account number 0 1 4 9	
Nonpriority Creditor's Name	When was the debt incurred? 2021	
PO Box 4499 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Beaverton OR 97076	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
	Credit Card	
Is the claim subject to offset?  ✓ No		
Yes		

Debtor 1 Deanna Lynne Smarr Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.6 \$5,110.00 Capital One Bank USA Last 4 digits of account number <u>3 1 7 1 </u> Nonpriority Creditor's Name When was the debt incurred? 2018-2020 PO Box 31293 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Salt Lake City UT 84131 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes П \$672.00 Capital One/Walmart Last 4 digits of account number 0 6 7 6 Nonpriority Creditor's Name When was the debt incurred? 2019-2021 P.O. Box 31293 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed UT 84130 Salt Lake City City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.8 \$977.80 Cedar Park Regional Medical Center Last 4 digits of account number 3 5 3 7 Nonpriority Creditor's Name When was the debt incurred? 2020 PO Box 841091 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed 75284-1091 **Dallas** TX City State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only ablaObligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? No Yes

Debtor 1 Deanna Lynne Smarr Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.9 \$178.40 Clinical Pathology Associates Last 4 digits of account number 8 1 8 8 Nonpriority Creditor's Name When was the debt incurred? PO Box 28770 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed **Austin** TX 78755-8770 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? **☑** No Yes П \$86.06 Clinical Pathology Laboratories, Inc. Last 4 digits of account number 1 7 6 8 Nonpriority Creditor's Name When was the debt incurred? 5/2021 PO Box 141669 Street As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Austin** TX 78714-1669 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? **☑** No Yes 4.11 \$385.74 Last 4 digits of account number **Cortrust Bank** 0 4 3 0 Nonpriority Creditor's Name When was the debt incurred? 2021 PO Box 7030 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Mitchell SD 57301 7IP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No Yes

Case number (if known)	
red Claims Continuation Page	
m sequentially from the	otal claim
Last 4 digits of account number 1 7 2 7  When was the debt incurred? 2020-2021  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card	\$3,133.00
Last 4 digits of account number  When was the debt incurred? 2017	\$10,871.00
As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Student Loans	
	Last 4 digits of account number

Debtor 1 Deanna Lynne Smarr Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.14 \$877.98 **First Premier Bank** Last 4 digits of account number 0 5 4 7 Nonpriority Creditor's Name When was the debt incurred? 2021 3820 N Louise Ave. As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Sioux Falls SD 57107-0145 State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes П \$1,525.25 **Heart Hospital of Austin** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2019 3801 N Lamar Blvd As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Austin** TX 78756 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? **☑** No ☐ Yes 4.16 \$0.00 **IRS Insolvency Office** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 300 E. 8th St. As of the date you file, the claim is: Check all that apply. Mail Stop 5026AUS Contingent Unliquidated Disputed **Austin** TX 78701 City State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only  $\overline{\mathbf{A}}$ Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Notice Only** Is the claim subject to offset? No Yes

Debtor 1 Deanna Lynne Smarr Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.17 \$798.88 Kohl's Last 4 digits of account number <u>3 3 1 8</u> Nonpriority Creditor's Name When was the debt incurred? 2019-2021 Attn: Bankruptcy Dept As of the date you file, the claim is: Check all that apply. Number PO Box 3115 ☐ Contingent Unliquidated Disputed WI 53201-3115 Milwaukee ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes П 4.18 \$85.34 **Longhorn Emergency Medical** Last 4 digits of account number 9 6 8 3 Nonpriority Creditor's Name When was the debt incurred? 2020 PO Box 740021 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Cincinnati OH 45274-0021 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? **☑** No Yes 4.19 \$2,015.80 Last 4 digits of account number Merrick Bank 2 0 9 6 Nonpriority Creditor's Name When was the debt incurred? 2019-2021 PO Box 9201 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed 11804-9001 **Old Bethpage** NY State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only ablaObligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No

Yes

Debtor 1 Deanna Lynne Smarr Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.20 \$602.99 Orthopaedic Assoc of Central TX, PA Last 4 digits of account number 7 <u>5</u> <u>3</u> <u>7</u> Nonpriority Creditor's Name When was the debt incurred? 16020 Park Valley Drive As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Round Rock** TX 78681 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? **☑** No Yes П \$200.00 Republic EMS, Ltd. Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2018 PO Box 3563 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed TX 77253-3563 Houston City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? **☑** No ☐ Yes 4.22 \$734.60 Last 4 digits of account number Synchrony Bank / Old Navy 0 8 4 2 Nonpriority Creditor's Name When was the debt incurred? 2020-2021 Attn: Bankruptcy Dept. Stree As of the date you file, the claim is: Check all that apply. Number PO Box 965005 Contingent Unliquidated Disputed 32896-5005 Orlando FL City 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only  $\overline{\mathbf{A}}$ Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No Yes

Debtor 1 Deanna Lynne Smarr	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.23		\$1,528.00
Synchrony Bank/Amazon PLCC	Last 4 digits of account number4110_	
Nonpriority Creditor's Name  Attn: Bankruptcy Dept.	When was the debt incurred? 2019-2021	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 965015	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Orlando FL 32896-5015		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Other. Specify	
<u> </u>	Credit Card	
Is the claim subject to offset?  ☑ No ☐ Yes		
4.24		\$110.00
Texas Oncology PA	Last 4 digits of account number 0 3 2 2	
Nonpriority Creditor's Name PO Box 732175	When was the debt incurred? 2020	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Dallas TX 75373		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans  Obligations crising out of a congretion agreement or diverse	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Medical Services	
Is the claim subject to offset?  ✓ No		
Yes		
4.25		\$60.40
US Anestthesia Partners	Last 4 digits of account number 3 5 4 0	
Nonpriority Creditor's Name	When was the debt incurred? 2020	
PO Box 8757 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Coral Springs FL 33075-8757	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Medical Services	
Is the claim subject to offset?		
☑ No ☐ Yes		

Deploi i	Jeanna Lynne Sm	arr		Ca	se number (if known)
Part 3:	List Others to B	se Notified Abou	ut a Debt That You	Already L	Listed
For exan creditor debts tha	nple, if a collection a in Parts 1 or 2, then	gency is trying to list the collection a 1 or 2, list the add	collect from you for a c agency here. Similarly litional creditors here.	debt you ow , if you have	debt that you already listed in Parts 1 or 2. e to someone else, list the original e more than one creditor for any of the ot have additional parties to be notified for
Ascension S	Seton Patient Fina	ncial Svcs	On which entry in F	Part 1 or Par	t 2 did you list the original creditor?
Name PO Box 204	308		— Line <b>4.2</b> of <i>(Ch</i>	neck one). <b>[</b>	Part 1: Creditors with Priority Unsecured Claims
	reet		Line or (0//	-	
			_	Ľ	Part 2: Creditors with Nonpriority Unsecured Claims
Dallas	тх	75320-4398	Last 4 digits of acco	ount numbe	r
City	State	ZIP Code			
Capio Partn	ers		On which entry in F	Part 1 or Par	t 2 did you list the original creditor?
<sub>Name</sub> 2222 Texom	a Pkwy, Ste 150		Line 4.15 of (Ch	neck one):	Part 1: Creditors with Priority Unsecured Claims
Number Str	reet		_	E	Part 2: Creditors with Nonpriority Unsecured Claims
Sherman	TX State	75090	— Last 4 digits of acco	ount numbe	r
City	State	ZIP Code			
Cedar Park	Regional Med Cer	ter	On which entry in F	Part 1 or Par	t 2 did you list the original creditor?
PO Box 128			Line of (Ch	eck one): [	Part 1: Creditors with Priority Unsecured Claims
Number Str Oaks, PA 19	eet 9456-1280		_	[	Part 2: Creditors with Nonpriority Unsecured Claims
Attn: Collec	tions/Bankruptcy	Dept	Last 4 digits of accordance	ount numbe	r
City	State	ZIP Code	_		
	tal of Austin		On which entry in F	Part 1 or Par	t 2 did you list the original creditor?
Name PO Box 741	396		Line <b>4.15</b> of (Ch	neck one):	Part 1: Creditors with Priority Unsecured Claims
Number Str	eet		<u> </u>	_	Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of according	ount numbe	ır
Atlanta	GA	30384	<u> </u>		
City	State	ZIP Code			
Team Health	n		On which entry in F	Part 1 or Par	t 2 did you list the original creditor?
<sub>Name</sub> <b>Akron Billin</b>	g Center		Line4.18_of (Ch	eck one):	Part 1: Creditors with Priority Unsecured Claims
Number Str <b>3585 Ridge</b>	eet Park Dr			Ē	Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of accordance	ount numbe	ır
Fairlawn	OH	44333-8203	_		
City	State	ZIP Code			

Debtor 1	Deanna Lynn	e Sma	rr	Case number (if known)					
Part 3:	List Others	to Be	Notified Ab	it a Debt That You Already Listed Continuation Page					
Texas Onc	cology PA			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name PO Box 40587 Number Street				Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Cla					
Nashville City		TN State	<b>37204</b> ZIP Code	— Last 4 digits of account number					

Debtor 1	Deanna Lynne Smarr	Case number (if known)	
Part 4:	Add the Amounts for Each Type of Unsecured Claim		

<sup>6.</sup> Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	<sup>6d.</sup> <b>-</b>	\$0.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	<sup>6i.</sup> ◀	\$36,934.96
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$36,934.96

Fill in this inf	ormation to i	dentify your case:		
Debtor 1	Deanna	Lynne	Smarr	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	or the: WESTERN DIST	RICT OF TEXAS	
Case number				
(if known)				Check if this is an
				amended filing
Official Form	106G			
Schadula G	· Evecutor	y Contracts and	Unevnired I	eases 12/
	'		•	
On the top of any	additional page	s, write your name and	case number (if kn	t out, number the entries, and attach it to this page. own).
□ No. Che	ck this box and f	ile this form with the cour	t with your other sch	edules. You have nothing else to report on this form.
ш			•	are listed on Schedule A/B: Property (Official Form 106A/B).
is for (for exa		icle lease, cell phone).		ract or lease. Then state what each contract or lease for this form in the instruction booklet for more examples of
Person or	company with	whom you have the con	tract or lease	State what the contract or lease is for
2.1 Lakeline	Crossing			Residential Lease
Name				Began on Feb 2021
	dgeline Blvd Street			Ends Feb 2022
				Contract to be ASSUMED

**78613** ZIP Code

TX

Cedar Park

Fill in this inf	ormation to	identify your case	:	
Debtor 1	Deanna	Lynne	Smarr	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_
United States Ba	nkruptcy Court f	or the: WESTERN DIS	STRICT OF TEXAS	_
Case number (if known)				Check if this is an amended filing
Official Form	106H			
Schedule H	: Your Cod	lebtors		12/15
1. Do you have □ No ☑ Yes	any codebtors?	? (If you are filing a jo	int case, do not list either sp	oouse as a codebtor.)
□ No	any coudstone	. (ii you are iiiiig a je	The cacce, according to the catholical of	
		•		tory? (Community property states and territories Texas, Washington, and Wisconsin.)
☐ No. Go		ermor anguag ar lagal a	quivalent live with you at the	a tima?
✓ Yes. Did ✓ No ☐ Yes		imer spouse, or legal e	quivalent live with you at the	a unie?
3. In Column 1, person show creditor on S	n in line 2 agair Schedule D (Offi	n as a codebtor only if	that person is a guaranto dule E/F (Official Form 10	lebtor if your spouse is filing with you. List the r or cosigner. Make sure you have listed the 16E/F), or <i>Schedule G</i> (Official Form 106G). Use
Column 1:	Your codebtor	,		Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1 C Smarr				☐ Schedule D, line
<u>13010 Ri</u>	dgeline Blvd,	Apt 5305		Schedule E/F, line
Number	Street			Schedule G, line 2.1
Cedar Pa	ark	тх	78613	Lakeline Crossing
City	<del>-</del>	State	ZIP Code	

	ill in this inform	nation to i	dentify your case:					
	Debtor 1	Deanna	Lynne	Smarr				
		First Name	Middle Name	Last Name			Che	eck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			_ _	An amended filing
	United States Bankr	uptcy Court f	or the: WESTERN D	ISTRICT OF TE	XAS			A supplement showing postpetition
	Case number						_	chapter 13 income as of the following date:
	(if known)							MM / DD / YYYY
	ficial Form 10							
Sc	chedule I: Yo	ur Incon	ne					12/15
inc abo you	lude information al out your spouse. If ur name and case n	oout your sp more space	ouse. If you are separ is needed, attach a se own). Answer every c	ated and your spo eparate sheet to th	ouse	is not f	iling with y	spouse is living with you, you, do not include information any additional pages, write
1.	Fill in your emplo			Dahtand				Dalitar O an man filling agrange
	If you have more t		F	Debtor 1				Debtor 2 or non-filing spouse
	job, attach a separ with information at		Employment status	<ul><li>✓ Employed</li><li>✓ Not employed</li></ul>	ed			<ul><li>☐ Employed</li><li>☐ Not employed</li></ul>
	additional employe	ers.	Occupation	Admin Assista	nt			_
	Include part-time, or self-employed v		Employer's name	Leander ISD				
	Occupation may ir student or homem applies.		Employer's address	PO Box 218  Number Street				Number Street
				-				
				Leander		тх	78646	
				City		State	Zip Code	City State Zip Code
			How long employed the	here? 15 year	s		_	
	art 2: Give D	Notaila Aba	out Monthly Incom	•				
	i <b>mate monthly inco</b> n-filing spouse unles			<b>n.</b> If you have noth	ing to	o report	for any line	e, write \$0 in the space. Include your
			more than one employ trate sheet to this form.	er, combine the info	orma	tion for	all employe	ers for that person on the lines below. If
						For D	ebtor 1	For Debtor 2 or non-filing spouse
2.			lary, and commissions monthly, calculate what		2.		3,555.53	<u> </u>
3.	Estimate and list	monthly ove	ertime pay.		3.	+	\$0.00	
4.	Calculate gross in	<b>ncome.</b> Add	I line 2 + line 3.		4.		3,555.53	

Debt	or 1	Deanna L	_ynne Smarr		Case nu	ımbe	er (if kno	own)			
				F	or Debtor 1	ı	or Deb	otor 2 or	9		
	Сор	y line 4 here	······	4.	\$3,555.53				_		
5.	List	all payroll ded	ductions:								
	5a.		e, and Social Security deductions	5a.	\$371.26						
	5b.	-	ontributions for retirement plans	5b.	\$296.87						
		-	ntributions for retirement plans	5c.	\$0.00						
	5d.	-	ayments of retirement fund loans	5d.	\$0.00						
	5e.	Insurance		5e.	\$73.76						
	5f.	-	oport obligations	5f.	\$0.00						
	_	Union dues		5g.	\$0.00						
	5h.	Other deduct Specify: HS		5h.+	\$60.00						
6.	<b>Add</b> 5g +	the payroll de 5h.	<b>eductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f +	6.	\$801.89						
7.			onthly take-home pay. Subtract line 6 from line 4.	7.	\$2,753.64						
8.			me regularly received:	•	•••						
	8a.		rom rental property and from operating a ofession, or farm	8a.	\$0.00						
		gross receipts	ment for each property and business showing s, ordinary and necessary business expenses, and hly net income.								
	8b.	Interest and	dividends	8b.	\$0.00						
	8c.		ort payments that you, a non-filing spouse, or a gularly receive	8c.	\$0.00						
			ny, spousal support, child support, maintenance, ment, and property settlement.								
	8d.	Unemployme	ent compensation	8d.	\$0.00						
	8e.	Social Securi	ity	8e.	\$0.00						
	8f.	Include cash a cash assistan	ment assistance that you regularly receive assistance and the value (if known) or any nonce that you receive, such as food stamps or the Supplemental Nutrition Assistance Program) bisidies.								
		Specify:		_ 8f.	\$0.00						
	8g.	Pension or re	etirement income	8g.	\$0.00						
	8h.	Other monthl Specify:	y income.	8h. 🛨	\$0.00						
9.	Add	all other inco	<b>me.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00						
10.			r income. Add line 7 + line 9. ine 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,753.64	+[			]=	\$	2,753.64
11.	Inclu frien	de contribution ds or relatives.		nold, you	r dependents, yo			·		lulo I	
	Spe		amounts already included in lines 2-10 or amounts that	it are not	avaliable to pay	exp	enses i	11.	nec	iule J.	\$0.00
	•	, <u> </u>						_ '''	•		
	inco		n the last column of line 10 to the amount in line 11. amount on the Summary of Your Assets and Liabilities					12.		Comb	2,753.64 bined hly income
13.	Dον	ou expect an	increase or decrease within the year after you file t	his form	?						
	$ \mathbf{Q} $	No.	None.								
		Yes. Explain:									

F	ill in this inforn	nation to identi	fy your case:			Cho	ck if this	io	
	Debtor 1	<b>Deanna</b> First Name	Lynne Middle Name	Smarı Last Na			An ame	ended filing ement showing	postpetition
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	me			13 expenses a	
	United States Bank	ruptcy Court for the:	WESTERN DIST	TRICT OF	TEXAS		MM / D	D / YYYY	
	Case number (if known)							5, 1111	
Of	fficial Form 10	)6J				_			
Sc	chedule J: Yo	our Expense	S						12/15
cor	rect information. I	If more space is ne	eded, attach anothe wer every question.	er sheet to t	ing together, both a his form. On the top				
1.	Is this a joint cas								
2.	✓ No. Go to lin  Yes. <b>Does</b> C	ne 2.  Debtor 2 live in a se s. Debtor 2 must fil	eparate household? e Official Form 106J- No		s for Separate House				
	Do not list Debtor Debtor 2.	1 and	Yes. Fill out this inf for each dependent.		Dependent's relati		p to	Dependent's age	Does dependent live with you?
	Do not state the dinames.	ependents'							Yes No Yes No Yes No Yes No No No No
3.	Do your expense expenses of peopyourself and you	ple other than	✓ No ☐ Yes						- ∏ Yes
P	art 2: Estima	ate Your Ongoi	ng Monthly Exp	enses					
to ı		of a date after the		-	re using this form a supplemental Sche			•	
			n government assis Schedule I: Your Ir	-				Your expens	ses
4.			enses for your resid any rent for the grour				2	1.	\$500.00
	If not included in	line 4:							
	4a. Real estate to	axes					2	ła	
	4b. Property, hor	meowner's, or renter	's insurance				4	1b	
	4c. Home mainte	enance, repair, and	upkeep expenses				2	łc	
	4d. Homeowner's	s association or con	dominium dues				4	ld.	

Deb	tor 1 Deanna Lynne Smarr Case nu	mber (if known)	
		Your exper	nses
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$175.00
	6b. Water, sewer, garbage collection	6b	
	6c. Telephone, cell phone, Internet, satellite, and cable services (See continuation sheet(s) for det	<b>ails)</b> 6c	\$115.05
	6d. Other. Specify: Cell Phones	6d	\$322.55
7.	Food and housekeeping supplies	7.	\$600.00
8.	Childcare and children's education costs	8	
9.	Clothing, laundry, and dry cleaning	9.	\$88.00
10.	Personal care products and services	10.	\$50.00
11.	Medical and dental expenses	11	\$75.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$150.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
14.	Charitable contributions and religious donations	14	
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	\$223.28
	15d. Other insurance. Specify:	15d.	
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	\$350.79
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you.  Specify:	19.	

Deb	tor 1	Deanna Lynne Smarr	Case number (if known)	
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a.	
	20b.	Real estate taxes	20b	_
	20c.	Property, homeowner's, or renter's insurance	20c	_
	20d.	Maintenance, repair, and upkeep expenses	20d	_
	20e.	Homeowner's association or condominium dues	20e.	
21.	Other	Specify:	21. +_	
22.	Calcu	late your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$2,749.67
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2. 22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$2,749.67
23.	Calcu	late your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$2,753.64
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b> _	\$2,749.67
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$3.97
24.	Do yo	ou expect an increase or decrease in your expenses within the year after yo	ou file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your mort	. ,	
	<b>V</b>	No		
	□ `	Yes. Explain here: None.		

## 21-10565-tmd Doc#1 Filed 07/16/21 Entered 07/16/21 12:12:06 Main Document Pg 47 of 75 $_{07/16/2021\ 12:08:31pm}$

Deb	tor 1 Deanna Lynne Smarr	Case number (if known	)
60	Telephone, cell phone, Internet, satellite, and cable services (details):		
	Sling		\$54.13
	Streaming Services		\$60.92
		Total:	\$115.05

ill in this in	formation to	identify your case	:		
ebtor 1	Deanna First Name	Lynne Middle Name	Smarr Last Name		
-h 0	1 list ivallic	Wildale Name	Last Name		
	) First Name	Middle Name	Last Name	_	
nited States Ba	ankruptcy Court fo	or the: WESTERN DIS	STRICT OF TEXAS		
				_	
known)				Check amende	if this is an ed filing
ficial Form	n 106Sum				-
		ote and Liahilit	ies and Certain S	tatistical Information	12/1
illillial y O	i ioui Ass	ets and Liabilit	iles and Gertain S	tatistical illiorillation	12/1
art 1: Su	ımmarize You	ır Assets			
					Your assets Value of what you own
Schedule A/L	B: Property (Offici	al Form 106A/B)			•
1a. Copy lin	ne 55, Total real e	state, from Schedule A	/B		\$0.00
	00 T . I				\$60,395.10
1b. Copy lin	ie 62, Total perso	nal property, from Sche	edule A/B		
1c. Copy lin	ne 63, Total of all	property on Schedule A	v/B		\$60,395.10
art 2: Su	ımmarize You	ır I iahilities			
urt 2.		Liabilitio			
					Your liabilities Amount you owe
		•	, , ,	•	\$30,080.76
Schedule E/l	F: Creditors Who	Have Unsecured Claim	s (Official Form 106E/F)		<b>#</b> 0.00
3a. Copy the	e total claims fror	n Part 1 (priority unsecu	ured claims) from line 6e of	Schedule E/F	\$0.00
3b Copy the	e total claims fror	n Part 2 (nonpriority un	secured claims) from line 6i	of Schedule E/F	<b>+</b> \$36,934.96
	ebtor 1  ebtor 2  spouse, if filing nited States Base number known)  ficial Forn Immary of as complete a rect informati nedules after y  art 1: Su  Schedule A/I  1a. Copy lir  1b. Copy lir  1c. Copy lir  2a. Copy th  Schedule E/I  3a. Copy th	ebtor 1  Deanna First Name  ebtor 2 spouse, if filing) First Name  nited States Bankruptcy Court for ase number known)  ficial Form 106Sum  Immary of Your Ass as complete and accurate as prect information. Fill out all or redules after you file your originant 1:  Summarize You  Schedule A/B: Property (Official 1a. Copy line 55, Total real end 1b. Copy line 62, Total person 1c. Copy line 63, Total of all 1art 2:  Schedule D: Creditors Who Have 2a. Copy the total you listed in Schedule E/F: Creditors Who 3a. Copy the total claims from 3a. Copy the total claims from 3a. Copy the total claims from 3a.	ebtor 1  Deanna First Name  Middle Name  Pirst Name  Middle Name  Midd	First Name Middle Name Last Name  ebtor 2 prouse, if filing)  First Name Middle Name Last Name  Middle Name Last Name  Inted States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS  asse number known)  Immary of Your Assets and Liabilities and Certain S  as complete and accurate as possible. If two married people are filing togeth rect information. Fill out all of your schedules first; then complete the inform edules after you file your original forms, you must fill out a new Summary an art 1:  Summarize Your Assets  Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	bebtor 1 Deanna Lynne Smarr First Name Middle Name Last Name  bebtor 2 pouse, if filling) First Name Middle Name Last Name  inited States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS  asse number known)  Immary of Your Assets and Liabilities and Certain Statistical Information  as complete and accurate as possible. If two married people are filing together, both are equally responsible frect information. Fill out all of your schedules first; then complete the information on this form. If you are filine redules after you file your original forms, you must fill out a new Summary and check the box at the top of this art 1: Summarize Your Assets  Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 62, Total personal property, from Schedule A/B

### Part 3: Summarize Your Income and Expenses

\$67,015.72

Your total liabilities

De	btor 1	Deanna Lynne Smarr	Case number (if known)	
E	Part 4:	Answer These Questions for Administrative	and Statistical Records	
6.	Are yo	u filing for bankruptcy under Chapters 7, 11, or 13?		
	☐ No ✓ Ye	<ul> <li>You have nothing to report on this part of the form. Checkes</li> </ul>	this box and submit this form to the court with you	ir other schedules.
7.	What k	ind of debt do you have?		
	<u> </u>	our debts are primarily consumer debts. Consumer debts amily, or household purpose." 11 U.S.C. § 101(8). Fill out lines		personal,
		our debts are not primarily consumer debts. You have not s form to the court with your other schedules.	ning to report on this part of the form. Check this	box and submit
8.		he <b>Statement of Your Current Monthly Income:</b> Copy your Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 12	•	\$3,428.73
9.	Copy tl	he following special categories of claims from Part 4, line	6 of Schedule E/F:	

From Part 4 on Schedule E/F, copy the following:				
9a. Domestic support obligations. (Copy line 6a.)	\$0.00			
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00			
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00			
9d. Student loans. (Copy line 6f.)	\$0.00			
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00			
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00			
9g. <b>Total.</b> Add lines 9a through 9f.	\$0.00			

Fill in this information to identify your case:					
Debtor 1	Deanna First Name	<b>Lynne</b> Middle Name	Smarr Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court fo	or the: WESTERN DIS	STRICT OF TEXAS		
Case number (if known)					Check if this is amended filing
Official Form 106Dec					
Declaration About an Individual Debtor's Schedules					

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below					
Did you pay or agree to pay someone who is	s NOT an attorney to help you fill out bankruptcy forms?				
<b>☑</b> No					
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).				
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.					
X /s/ Deanna Lynne Smarr Deanna Lynne Smarr, Debtor 1	X Signature of Debtor 2				
Date <u>07/16/2021</u> MM / DD / YYYY	DateMM / DD / YYYY				

Debtor 1						
	Deanna First Name	Lynne Middle Nam	е	Smarr Last Name		
Debtor 2						
(Spouse, if filing	First Name	Middle Nam	е	Last Name		
United States Ba	ankruptcy Court fo	or the: WESTER	N DIST	RICT OF TEX	AS	
Case number (if known)						Check if this is an mended filing
Official Forn	n 107					
		Affairs for	r Indiv	iduals Fil	ing for Bankruptcy	04/19
<u> </u>	or i manora	Allalis lo	illaiv	iddai3 i ii		0-1/10
your name and c	ase number (if kı	nown). Answer	every qu	iestion.	o this form. On the top of any addition this form. On the top of any addition this form.	
<ol> <li>What is you</li> <li>Married</li> </ol>	r current marital	status?				
✓ Not marr	ried					
	ast 3 years, have	vou lived anvw	here oth	er than where	vou live now?	
□ No	,	,			,	
Yes. Lis	t all of the places	you lived in the l	ast 3 yea	rs. Do not inclu	ıde where you live now.	
Debtor 1	:			Debtor 1	Debtor 2:	Dates Debtor 2
			lived	there		lived there
			lived	there	☐ Same as Debtor 1	lived there
660 Way	/side Dr		lived to	there July 2019	☐ Same as Debtor 1	
660 Way	<b>/side Dr</b> Street				Same as Debtor 1  Number Street	lived there ☐ Same as Debtor
			From_	July 2019		lived there Same as Debtor From
Number Wimber	Street T2		From_	July 2019	Number Street	lived there  ☐ Same as Debtor  From  To
Number	Street T2	X 78676 ate ZIP Code	From_	July 2019		lived there  ☐ Same as Debtor  From  To
Number Wimber	Street    Y T		From_ To _ —	July 2019 Feb 2021	Number Street	lived there  ☐ Same as Debtor  From  To
Number  Wimber  City	Street    Y T		From_ To _ —  Dates	July 2019 Feb 2021	Number Street  City State ZIP C	Iived there Same as Debtor  From To  Dates Debtor 2 lived there
Wimber City  Debtor 1:	Street    Y T	ate ZIP Code	To  To  Dates	July 2019 Feb 2021	Number Street  City State ZIP C  Debtor 2:	Iived there Same as Debtor  From To  Dates Debtor 2 lived there
Wimber City  Debtor 1:	Street  Iy T	ate ZIP Code	To  To  Dates	July 2019 Feb 2021 Debtor 1 there April 2017	Number Street  City State ZIP C  Debtor 2:	Iived there Same as Debtor  From To  Dates Debtor 2 Iived there Same as Debtor
Wimber City  Debtor 1:	Street  Iy T  St  :  scher Store Rd,	ate ZIP Code	From_	July 2019 Feb 2021  Debtor 1	Number Street  City State ZIP C  Debtor 2:	Iived there Same as Debtor  From To  Dates Debtor 2 Iived there Same as Debtor  From
Wimber City  Debtor 1:	Street  Iy T) St.  Scher Store Rd, Street	ate ZIP Code  Unit 1	From_	July 2019 Feb 2021 Debtor 1 there April 2017	Number Street  City State ZIP C  Debtor 2:	Iived there Same as Debtor  From To  Dates Debtor 2 Iived there Same as Debtor  From
Wimber City  Debtor 1:  1001 Fis	Street  Street  Street  Street  Street  Street	ate ZIP Code  Unit 1	From_	July 2019 Feb 2021 Debtor 1 there April 2017	Number Street  City State ZIP C  Debtor 2:	Iived there Same as Debtor  From To  Dates Debtor 2 Iived there Same as Debtor  From To  To
Wimber City  Debtor 1:  1001 Fis Number  Wimber  City	Street  Iy T  St  Steet  Scher Store Rd, Street  Iy T  St	Unit 1  X 78676 ate ZIP Code	From_ To  Dates lived: From_ To	July 2019 Feb 2021 Debtor 1 there April 2017 July 2019	Number Street  City State ZIP C  Debtor 2:  Same as Debtor 1  Number Street  City State ZIP C	Iived there Same as Debtor  From To  Dates Debtor 2 Iived there Same as Debtor  From To  Code
Wimber City  Debtor 1:  1001 Fis Number Wimber City  Wimber City  3. Within the la	Street  Iy T St  Scher Store Rd, Street  Iy T St  ast 8 years, did years	Unit 1  X 78676 ate ZIP Code	From Dates lived: From To	July 2019 Feb 2021 Debtor 1 there April 2017 July 2019	Number Street  City State ZIP C  Debtor 2:  Same as Debtor 1  Number Street	lived there Same as Debtor  From To  Dates Debtor 2 lived there Same as Debtor  From To  Code

Deb	otor 1	Deanna Lynne Smarr		Case nur	nber (if known)	
Ρ	art 2:	Explain the Sources of Y	our Income			
4.	Fill in th	I have any income from employme total amount of income you receive filing a joint case and you have its. Fill in the details.	ved from all jobs and all bu	sinesses, including part	t-time activities.	lendar years?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		ry 1 of the current year until I filed for bankruptcy:	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>	\$27,202.64	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	
		calendar year:  December 31, 2020 )  YYYY	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$36,280.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	
		ndar year before that:  December 31, 2019 ) YYYY	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>	\$33,881.00	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	
5.	Include unemple	receive any other income during income regardless of whether that byment; and other public benefit pa nbling and lottery winnings. If you a 1.	income is taxable. Examp ayments; pensions; rental ir	les of other income are accome; interest; dividend	ds; money collected from la	awsuits; royalties;
	List eac	h source and the gross income from	m each source separately.	Do not include income	that you listed in line 4.	
	✓ No ☐ Yes	s. Fill in the details.				

Debto	or 1	Deanna Lynne Smarr			Case number (if know	wn)
Par	rt 3:	List Certain Payments You Mad	de Before \	ou Filed for Ba	nkruptcy	
6. /	Are eith	er Debtor 1's or Debtor 2's debts prima	ily consume	debts?		
I	□ No.	Neither Debtor 1 nor Debtor 2 has pri "incurred by an individual primarily for a				d in 11 U.S.C. § 101(8) as
	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?					
		☐ No. Go to line 7.				
		Yes. List below each creditor to who total amount you paid that credit child support and alimony. Als	ditor. Do not i	nclude payments for	domestic support of	oligations, such as
		* Subject to adjustment on 4/01/22 and	every 3 years	after that for cases t	filed on or after the o	late of adjustment.
ĺ	<b>√</b> Yes.	Debtor 1 or Debtor 2 or both have pri	marily consu	mer debts.		
		During the 90 days before you filed for	oankruptcy, di	d you pay any credite	or a total of \$600 or	more?
		No. Go to line 7.				
		Yes. List below each creditor to who creditor. Do not include paym Also, do not include payments	ents for dome	stic support obligatio	ns, such as child su	
			payment	paid	still owe	
Ally Financial Creditor's name PO Box 380901 Number Street		monthly @ \$350.79		☐ Credit card ☐ Loan repayment		
	mingto	on MN 55438-0901 State ZIP Code				Suppliers or vendors Other
/ 6 8	Insiders corporating agent, in such as	year before you filed for bankruptcy, d include your relatives; any general partne ions of which you are an officer, director, p icluding one for a business you operate as child support and alimony.  List all payments to an insider.	rs; relatives of person in cont	any general partner ol, or owner of 20%	s; partnerships of whor more of their votin	nich you are a general partner; ng securities; and any managing

Deb	otor 1	Deanna Lynne Smarr Case number (if known)
8.		1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that ed an insider?
	Include	payments on debts guaranteed or cosigned by an insider.
	✓ No ☐ Yes	s. List all payments that benefited an insider.
Р	art 4:	Identify Legal Actions, Repossessions, and Foreclosures
9.	List all s	1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody ations, and contract disputes.
	✓ No ☐ Yes	s. Fill in the details.
10.	seized,	1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, or levied? all that apply and fill in the details below.
		Go to line 11. s. Fill in the information below.
11.		90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any ts from your accounts or refuse to make a payment because you owed a debt?
	✓ No ☐ Yes	s. Fill in the details.
12.		1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of rs, a court-appointed receiver, a custodian, or another official?
	✓ No ☐ Yes	
P	art 5:	List Certain Gifts and Contributions
13.	Within	2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?
	✓ No ☐ Yes	s. Fill in the details for each gift.
14.		2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 charity?
	☑ No □ Yes	s. Fill in the details for each gift or contribution.
Р	art 6:	List Certain Losses
15.		1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, isaster, or gambling?
	✓ No	s. Fill in the details.

Deb	tor 1	Deanna Lynne Smarr	Case number (if known)
Pa	art 7:	List Certain Payments or Transfers	
16.		I year before you filed for bankruptcy, did you or anyone you consulted about seeking bankruptcy or preparing a	else acting on your behalf pay or transfer any property to bankruptcy petition?
		any attorneys, bankruptcy petition preparers, or credit couns	eling agencies for services required for your bankruptcy.
	✓ No ☐ Yes	. Fill in the details.	
17.		I year before you filed for bankruptcy, did you or anyone who promised to help you deal with your creditors or to	else acting on your behalf pay or transfer any property to make payments to your creditors?
	Do not i	nclude any payment or transfer that you listed on line 16.	
	✓ No ☐ Yes	. Fill in the details.	
18.		2 years before you filed for bankruptcy, did you sell, trad y transferred in the ordinary course of your business or	e, or otherwise transfer any property to anyone, other than financial affairs?
		both outright transfers and transfers made as security (such nclude gifts and transfers that you have already listed on thi	as granting of a security interest or mortgage on your property). s statement.
	☑ No ☐ Yes	. Fill in the details.	
19.		10 years before you filed for bankruptcy, did you transfe a beneficiary? (These are often called asset-protection	r any property to a self-settled trust or similar device of which devices.)
	✓ No ☐ Yes	. Fill in the details.	
Pá	art 8:	List Certain Financial Accounts, Instruments	s, Safe Deposit Boxes, and Storage Units
20.		I year before you filed for bankruptcy, were any financia closed, sold, moved, or transferred?	accounts or instruments held in your name, or for your
		checking, savings, money market, or other financial accoun pension funds, cooperatives, associations, and other financial	ts; certificates of deposit; shares in banks, credit unions, brokerage sial institutions.
	✓ No ☐ Yes	. Fill in the details.	
21.	-	now have, or did you have within 1 year before you filed urities, cash, or other valuables?	for bankruptcy, any safe deposit box or other depository
	✓ No ☐ Yes	. Fill in the details.	
22.	Have yo	ou stored property in a storage unit or place other than y	our home within 1 year before you filed for bankruptcy?
		. Fill in the details.	

Deb	otor 1	Deanna Lynne Smarr   Case number (if known)
Pa	art 9:	Identify Property You Hold or Control for Someone Else
23.	•	hold or control any property that someone else owns? Include any property you borrowed from, are storing for, in trust for someone.
	✓ No ☐ Yes	s. Fill in the details.
P	art 10:	Give Details About Environmental Information
For	the purp	pose of Part 10, the following definitions apply:
ŀ	hazardou	nental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of us or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, g statutes or regulations controlling the cleanup of these substances, wastes, or material.
		ns any location, facility, or property as defined under any environmental law, whether you now own, operate, or or used to own, operate, or utilize it, including disposal sites.
		us material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic ce, hazardous material, pollutant, contaminant, or similar item.
Rep	ort all n	otices, releases, and proceedings that you know about, regardless of when they occurred.
24.	Has any law?	y governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental
	✓ No ☐ Yes	s. Fill in the details.
25.	<b>☑</b> No	ou notified any governmental unit of any release of hazardous material?  5. Fill in the details.
26.	Have yo	ou been a party in any judicial or administrative proceeding under any environmental law? Include settlements and
	✓ No ☐ Yes	s. Fill in the details.

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Debtor 1	Deanna Lynne Smarr	Case number (if known)				
Part 11	Part 11: Give Details About Your Business or Connections to Any Business					
	in 4 years before you filed for bankruptcy, did you own a business or ness?	have any of the following connections to any				
	<ul> <li>A sole proprietor or self-employed in a trade, profession, or other active</li> <li>A member of a limited liability company (LLC) or limited liability partner</li> <li>A partner in a partnership</li> <li>An officer, director, or managing executive of a corporation</li> <li>An owner of at least 5% of the voting or equity securities of a corporation</li> </ul>	ership (LLP)				
28. Withi	No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each busing in 2 years before you filed for bankruptcy, did you give a financial standard institutions, creditors, or other parties.					
ш.	lo 'es. Fill in the details below.					

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Debtor 1	Deanna Lynne Smarr		Case number (if known)	
Part 12	Sign Below			
that answe	ers are true and correct. I unders	stand that making a false staten kruptcy case can result in fines	chments, and I declare under penalty of perjury ent, concealing property, or obtaining money or up to \$250,000, or imprisonment for up to 20 years,	
X /s/ Dea	anna Lynne Smarr	X		
	a Lynne Smarr, Debtor 1	Signature of Debto	• 2	
Date _	07/16/2021	Date		
Did you at	tach additional pages to Your Sta	ntement of Financial Affairs for l	ndividuals Filing for Bankruptcy (Official Form 107)?	
✓ No ☐ Yes				
Did you pa	ay or agree to pay someone who	is not an attorney to help you fi	l out bankruptcy forms?	
<b>☑</b> No				
	Name of person		Attach the Bankruptcy Petition Preparer's	

Fill in this inf	ormation to	identify your case	:			
Debtor 1	Deanna First Name	Lynne Middle Name	Smarr Last Name			
Debtor 2		·····				
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS						
Case number (if known)						

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: **List Your Creditors Who Hold Secured Claims**

	Identify the creditor and the property that is collateral	What do you intend to do with the	Did you claim the prope
٠.	fill in the information below.	editors who riold claims Secured by Frop	erty (Omciai Form 100D),

ny craditore that you listed in Part 1 of Schodula D. Craditors Who Hold Claims Secured by Property (Official Form 106D)

property that secures a debt? as exempt on Schedule C? Creditor's Ally Financial Surrender the property. No name: Retain the property and redeem it. Yes Retain the property and enter into a  $\overline{\mathbf{V}}$ Description of 2018 Nissan Rogue (approx. 15,000 Reaffirmation Agreement. property miles) Retain the property and [explain]: securing debt: Creditor's **OneMain Financial** Surrender the property. No  $\square$ name: Retain the property and redeem it. Yes Retain the property and enter into a Description of 2014 Kia Rio (approx. 158,000 miles) Reaffirmation Agreement. property Retain the property and [explain]:

securing debt:

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Debt	tor 1 Deanna Lyr	nne Smarr	Case number (if	known)
Pa	art 2: List Your	Unexpired Personal Pr	perty Leases	
fill ir	n the information belo	ow. Do not list real estate lea	ed in Schedule G: Executory Contracts and less. Unexpired leases are leases that are still operty lease if the trustee does not assume in	I in effect; the lease period has not
	Describe your unexp	pired personal property leases		Will this lease be assumed?
	Lessor's name: Description of leased property:	Lakeline Crossing Residential Lease Began on Feb 2021 Ends Feb 2022		□ No ☑ Yes
U			ted my intention about any property of my es	state that secures a debt and
Ē	s/ Deanna Lynne Si Deanna Lynne Smarr, Deate 07/16/2021 MM / DD / YYYY	Debtor 1	Signature of Debtor 2  Date  MM / DD / YYYY	_

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
   Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

+	\$78	filing fee administrative fee trustee surcharge
,	\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

+		filing fee administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$78 administrative fee \$278 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$78 administrative fee \$313 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtoreducation-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/servicesforms/bankruptcy/credit-counseling-and-debtoreducation-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

In	re Deanna Lynne Smarr	Case No.	
		Chapter	7
	DISCLOSURE OF COMPENSATION OF ATTORN	EY FOR	DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the at that compensation paid to me within one year before the filing of the petition in bank services rendered or to be rendered on behalf of the debtor(s) in contemplation of c is as follows:	kruptcy, or	agreed to be paid to me, for
	For legal services, I have agreed to accept		\$0.00
	Prior to the filing of this statement I have received		\$0.00
	Balance Due		\$0.00
2.	The source of the compensation paid to me was:  Debtor  Other (specify)		
3.	The source of compensation to be paid to me is:		
	☐ Debtor ☐ Other (specify)		
4.	☑ I have not agreed to share the above-disclosed compensation with any other passociates of my law firm.	erson unle	ss they are members and
	I have agreed to share the above-disclosed compensation with another person associates of my law firm. A copy of the agreement, together with a list of the r compensation, is attached.	•	
5.	In return for the above-disclosed fee, I have agreed to render legal service for all as	spects of th	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in bankruptcy;	determinin	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs and plan v	vhich may b	pe required;
	c. Representation of the debtor at the meeting of creditors and confirmation hearing	g, and any	adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/16/2021 /s/ Douglas J. Powell

Date Douglas J. Powell Bar No. 16194900

The Law Offices of Douglas J. Powell, P.C. 820 West 10th Street

Austin, TX 78701

Phone: (512) 476-2457 / Fax: (512) 477-4503

/s/ Deanna Lynne Smarr

Deanna Lynne Smarr

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Deanna Lynne Smarr CASE NO

CHAPTER 7

### **VERIFICATION OF CREDITOR MATRIX**

	The above named Debtor	hereby verifies that	at the attached list	t of creditors is tru	e and correct to the	he best of his/her
know	rledge.					

Date	Signature /s/ Deanna Lynne Smarr
	Deanna Lynne Smarr
Date	Signature

Affirm, Inc. 650 California St, Fl 12 San Francisco, CA 94108

Ally Financial PO Box 380901 Bloomington, MN 55438-0901

Ascension Seton PO Box 42008 Phoenix, AZ 85080-2008

Ascension Seton Patient Financial Svcs PO Box 204398 Dallas, TX 75320-4398

Aspire PO Box 105555 Atlanta, GA 30348-5555 Attn: Bankruptcy Dept

Austin Regional Clinic PO Box 26726 Austin, TX 78755-0726

Bank of Missouri / Milestone PO Box 4499 Beaverton, OR 97076

C Smarr 13010 Ridgeline Blvd, Apt 5305 Cedar Park, TX 78613

Capio Partners 2222 Texoma Pkwy, Ste 150 Sherman, TX 75090 Capital One Bank USA PO Box 31293 Salt Lake City, UT 84131

Capital One/Walmart P.O. Box 31293 Salt Lake City, UT 84130

Cedar Park Regional Med Center PO Box 1280 Oaks, PA 19456-1280 Attn: Collections/Bankruptcy Dept

Cedar Park Regional Medical Center PO Box 841091 Dallas, TX 75284-1091

Clinical Pathology Associates PO Box 28770 Austin, TX 78755-8770

Clinical Pathology Laboratories, Inc. PO Box 141669 Austin, TX 78714-1669

Cortrust Bank PO Box 7030 Mitchell, SD 57301

Credit One Bank PO Box 98872 Las Vegas, NV 89193-8872

Dept of Ed/Nelnet PO Box 82561 Lincoln, NE 68501 First Premier Bank 3820 N Louise Ave. Sioux Falls, SD 57107-0145

Heart Hospital of Austin 3801 N Lamar Blvd Austin, TX 78756

Heart Hospital of Austin PO Box 741396 Atlanta, GA 30384

IRS Insolvency Office 300 E. 8th St. Mail Stop 5026AUS Austin, TX 78701

Kohl's Attn: Bankruptcy Dept PO Box 3115 Milwaukee, WI 53201-3115

Longhorn Emergency Medical PO Box 740021 Cincinnati, OH 45274-0021

Merrick Bank PO Box 9201 Old Bethpage, NY 11804-9001

OneMain Financial PO Box 64 Evansville, IN 47701

Orthopaedic Assoc of Central TX, PA 16020 Park Valley Drive Round Rock, TX 78681 Republic EMS, Ltd. PO Box 3563 Houston, TX 77253-3563

Synchrony Bank / Old Navy Attn: Bankruptcy Dept. PO Box 965005 Orlando, FL 32896-5005

Synchrony Bank/Amazon PLCC Attn: Bankruptcy Dept. PO Box 965015 Orlando, FL 32896-5015

Team Health Akron Billing Center 3585 Ridge Park Dr Fairlawn, OH 44333-8203

Texas Oncology PA PO Box 732175 Dallas, TX 75373

Texas Oncology PA PO Box 40587 Nashville, TN 37204

US Anestthesia Partners PO Box 8757 Coral Springs, FL 33075-8757

F	ill in th	is information to i	dentify your case:			box only as dire	
Б	ebtor 1	Deanna	Lynne	Smarr	form and i	n Form 122A-1Su	pp:
		First Name	Middle Name	Last Name	1. There is	no presumption of abus	se.
	ebtor 2 Spouse, it	filing) First Name	Middle Name	Last Name	of abuse	ulation to determine if a applies will be made u est Calculation (Official	nder Chapter 7
U	nited Sta	tes Bankruptcy Court fo	r the: WESTERN DIS	TRICT OF TEXAS		ns Test does not apply	
	ase num known)	se number nown)		of qualific	ed military service but i	t could apply	
					Check if the	his is an amended filing	)
<u>Of</u>	ficial F	orm 122A-1					
Cł	napter	7 Statement o	f Your Current	Monthly Income			04/20
info are mil 122	ormation exempte itary ser	applies. On the top o ed from a presumption vice, complete and file o) with this form.	f any additional pages of abuse because yo	neet to this form. Include to s, write your name and cass u do not have primarily co ion from Presumption of A	e number (if knowr nsumer debts or be	n). If you believe that pecause of qualifying	you
1.	What is	your marital and filin	g status? Check one o	only.			
	√ No	ot married. Fill out Colu	ımn A, lines 2-11.				
	_	arried and your spous	e is filing with you. Fi	II out both Columns A and B	, lines 2-11.		
	_	arried and your spous	e is NOT filing with yo	u. You and your spouse a	re:		
		Living in the same I	nousehold and are no	t legally separated. Fill out	both Columns A and	B, lines 2-11.	
		declare under penalt	y of perjury that you an	I. Fill out Column A, lines 2-′ d your spouse are legally sel s that do not include evading	parated under nonba	ankruptcy law that appli	es or that you
	bankru August in the re	ptcy case. 11 U.S.C. 31. If the amount of your sult. Do not include an	§ 101(10A). For exampur monthly income varing income amount more	ed from all sources, deriver ole, if you are filing on Septer ed during the 6 months, add than once. For example, if have nothing to report for any	mber 15, the 6-mont the income for all 6 both spouses own t	th period would be Mard months and divide the he same rental property	ch 1 through total by 6. Fill
					Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse	
2.	_	ross wages, salary, tip all payroll deductions).	s, bonuses, overtime	, and commissions	\$3,428.73		
3.		y and maintenance pa nn B is filled in.	yments. Do not includ	le payments from a spouse	\$0.00		
4.	expens regular your de	pendents, parents, and se only if Column B is n	endents, including ch nmarried partner, mem roommates. Include re		\$0.00		

Del	btor 1 Deanna Lynne Smarr			с	ase number (if k	nown)
					Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse
5.	Net income from operating a bus	siness, profession, o	or farm			
		Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$0.00		_		
	Ordinary and necessary operating expenses	\$0.00		— Copy		
	Net monthly income from a busine profession, or farm	ss, <b>\$0.00</b>		here	\$0.00	
6.	Net income from rental and othe	r real property				
		Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$0.00		_		
	Ordinary and necessary operating expenses	\$0.00		— Copy		
	Net monthly income from rental or other real property	\$0.00		here	\$0.00	
7.	Interest, dividends, and royalties	<b>S</b>			\$0.00	
8.	Unemployment compensation				\$0.00	
	Do not enter the amount if you conbenefit under the Social Security A					
	For you		\$0	0.00		
	For your spouse					
9.	Pension or retirement income. It was a benefit under the Social Seconext sentence, do not include any allowance paid by the United State disability, combat-related injury or uniformed services. If you receive of title 10, then include that pay on amount of retired pay to which you under any provision of title 10 other	curity Act. Also, exce compensation, pensi- es Government in con- disability, or death of ed any retired pay paid ly to extent that it does would otherwise be ex-	pt as stated in th on, pay, annuity, inection with a a member of the d under chapter 6 es not exceed the entitled if retired	e or 61	\$0.00	

Deb	btor 1 Deanna Lynne Smarr		Case number (if known)		
			Debtor 1	Column B Debtor 2 or non-filing spouse	
10.	Income from all other sources not listed above. amount. Do not include any benefits received under payments made under the Federal law relating to the declared by the President under the National Emerg (50 U.S.C. 1601 et seq.) with respect to the corona (COVID-19); payments received as a victim of a wall humanity, or international or domestic terrorism; or pay, annuity, or allowance paid by the United States connection with a disability, combat-related injury of member of the uniformed services. If necessary, list separate page and put the total below.	er the Social Security Act; ne national emergency gencies Act virus disease 2019 ar crime, a crime against compensation, pension, s Government in ir disability, or death of a			
	Total amounts from separate pages, if any.		·		
11.	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column	umn B.	\$3,428.73		\$3,428.73  Total current monthly income
Ρ	Determine Whether the Means	Test Applies to You			
12.	Calculate your current monthly income for the y	rear. Follow these steps:			
	12a. Copy your total current monthly income from line 11		Copy line	<b>11 here</b> → 12a.	\$3,428.73
	Multiply by 12 (the number of months in a ye			X 12	
	12b. The result is your annual income for this part		12b.	\$41,144.76	
13.	Calculate the median family income that applies	to you. Follow these steps:			
	Fill in the state in which you live.	Texas			
	Fill in the number of people in your household.	1			
	Fill in the median family income for your state and s		13.	\$52,953.00	
	To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.				
14.	How do the lines compare?				
	14a.		k box 1, There is no pres	umption of abuse.	
	14b. Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.		ne presumption of abuse	is determined by Fo	orm 122A-2.

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Debtor 1	Deanna Lynne Smarr	Case number (if known)
Part 3:	Sign Below	
By się	gning here, I declare under penalty of perjury that	at the information on this statement and in any attachments is true and correct.
<i>-</i>	/ Deanna Lynne Smarr	XSignature of Debtor 2
	ate 7/16/2021	Date
lf you	MM / DD / YYYY  checked line 14a, do NOT fill out or file Form 1	MM / DD / YYYY

If you checked line 14b, fill out Form 122A-2 and file it with this form.